

# FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



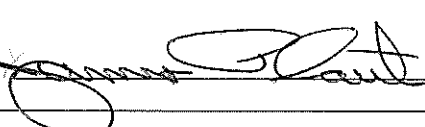
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11176</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>JAMES PLANT</u>  P.O. Box, Bldg., Room No., if any _____  Street <u>370 VANDERBILT MOTOR PARKWAY</u>  City <u>HAUPPAUGE</u>  State <u>NY</u> ZIP Code + 4 <u>11788-5133</u>	3. Name, file number, and address of labor organization. Name <u>ELECTRICAL WORKERS IBEW AFL-CIO LU 25</u>  Labor Organization File Number <u>039-321</u>  P.O. Box, Building and Room Number, if any _____  Street <u>370 VANDERBILT MOTOR PARKWAY</u>  City <u>HAUPPAUGE</u>  State <u>NY</u> ZIP Code + 4 <u>11788-5133</u>
5. Position in labor organization. <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
3. Name and address of Employer (including trade name, if any). Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income.        7.b. Amount.  _____

## Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u></u>	On <u>8/11/05</u> Date	<u>631-874-6131</u> Telephone Number

Name of Person Filing <b>JAMES PLANT</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p>     <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p>     <p>12.b. Amount</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>ANNUITY FUND OF THE ELECT IND OF LI</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>372 VANDERBILT MOTOR PARKWAY</u></p> <p>City <u>HAUPPAUGE</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>11788-5133</u></p>	<p>14.a. Nature of payment.</p> <p><b>REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT I.B.E.W./NECA CONFERENCE IN ORLANDO, FL.</b></p>
<p>13.a. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment.</p> <p style="text-align: right;"><u>568.34</u></p>

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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p>     <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p>     <p>12.b. Amount</p>

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<p>13.a. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment. <u>852.51</u></p>

Name of Person Filing **JAMES PLANT**

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8. Name and address of Business (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing. \_\_\_\_\_

12.a. Nature of interest held or income received.

12.b. Amount

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name **ANNUITY FUND OF THE ELECT IND OF LI**

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street **372 VANDERBILT MOTOR PARKWAY**City **HAUPPAUGE**State **NY** ZIP Code + 4 **11788-5133**

14.a. Nature of payment.

REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR  
PERSONALLY INCURRED EXPENSES FOR ATTENDANCE  
AT THE MARCO CONSULTING GROUP'S CLIENT  
CONFERENCE IN PALM SPRINGS, FL.

13.a. Is the Business an Employer ☒ or Consultant ☐

14.b. Amount of payment.

736.52

Name of Person Filing <b>JAMES PLANT</b>	File Number U-
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p>     <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p>     <p>12.b. Amount</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <b>I.B.E.W. LOCAL 25 401K FUND</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <b>372 VANDERBILT MOTOR PARKWAY</b></p> <p>City <b>HAUPPAUGE</b></p> <p>State <b>NY</b> ZIP Code + 4 <b>11788-5133</b></p>	<p>14.a. Nature of payment.</p> <p><b>REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT I.B.E.W./NECA CONFERENCE IN ORLANDO, FL.</b></p>
<p>13.a. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment. <span style="float: right;"><b>568.34</b></span></p>

Name of Person Filing **JAMES PLANT**

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8. Name and address of Business (including trade name, if any).

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name \_\_\_\_\_

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing. \_\_\_\_\_

12.a. Nature of interest held or income received.

12.b. Amount

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Name **I.B.E.W. LOCAL 25 401K FUND**

Trade Name, if any: \_\_\_\_\_

P.O. Box, Bldg., Room No., if any \_\_\_\_\_

Street **372 VANDERBILT MOTOR PARKWAY**City **HAUPPAUGE**State **NY** ZIP Code + 4 **11788-5133**

14.a. Nature of payment.

**REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT NCCMP CONFERENCE IN ORLANDO, FL.**13.a. Is the Business an Employer ☒ or Consultant ☐

14.b. Amount of payment.

**852.51**

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<p>13.a. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment.</p> <p style="text-align: right;"><u>736.52</u></p>

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<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>I.B.E.W. LOCAL 25 PENSION FUND</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>372 VANDERBILT MOTOR PARKWAY</u></p> <p>City <u>HAUPPAUGE</u></p> <p>State <u>NY</u> ZIP Code + 4 <u>11788-5133</u></p>	<p>14.a. Nature of payment.</p> <p><b>REIMBURSEMENT TO TRUSTEE BY TRUST FUND FOR PERSONALLY INCURRED EXPENSES FOR ATTENDANCE AT I.B.E.W./NECA CONFERENCE IN ORLANDO, FL.</b></p>
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<p>13.a. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment.</p> <p style="text-align: right;"><b>852.51</b></p>

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<p>13.a. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment.</p> <p style="text-align: right;"><b>736.52</b></p>